



1615  
JFW

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/735,989  
Applicant : Johan H. Geerke  
Filed : 2000-12-13  
Art Unit : 1615  
Examiner : James M. Spear

Confirmation No. 5705

Docket No. : ARC2940R1  
Customer No. : 30766  
Title : Dosage Forms Having a Barrier Layer to Laser Ablation

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Applicant submits the Hungarian references listed on the attached form PTO-1449. Abstracts of the cited Hungarian references are enclosed. The Hungarian references were cited in a novelty search report from the Hungarian Patent Office. The references were marked as Category A (document disclosing the state of art). Derwent records of the references are enclosed to assist in consideration of the references.

This statement is being filed after a first Office Action on the merits, but before receipt of a Notice of Allowance. Submission fee of \$180 under 37 C.F.R. 1.17(p) is enclosed.

Respectfully submitted,

Date: 10/26/2004

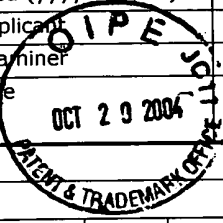
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11/01/2004 HALI11 00000043 09735989

01 FC:1806

180.00 OP

United States Patent and Trademark Office		DEWIPAT File No. 30.034.10.US	
<b>Form PTO-1449 (Modified)</b>	<b>Information Disclosure Citation</b>		Sheet 1 of 1
Application No.	09/735,989	Attorney Docket	ARC2940R1
Filed (yyyy-mm-dd)	2000-12-13	Customer No.	30766
Applicant	Johan H. Geerke	Confirmation No.	5705
Examiner	James M. Spear	Art Unit	1615
Title	Dosage Forms Having a Barrier Layer to Laser Ablation		



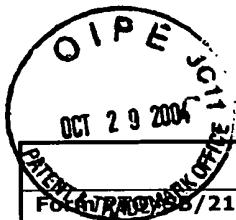
U.S. PATENT DOCUMENTS				
Examiner Initials*	Cite No.	Document Number Number-Kind Code	Publication Date yyyy-mm-dd	Applicant/Patentee

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document Number Number-Kind Code	Publication Date yyyy-mm-dd	Applicant/Patentee	T
	E1	HU P0104993	2002-05-28	ALZA Corporation	
	E2	HU P0201626	2002-12-28	ALZA Corporation	

NON-PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T

EXAMINER: \_\_\_\_\_ DATE CONSIDERED: \_\_\_\_\_

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.



United States Patent and Trademark Office		DEWIPAT File No. 30.034.10.US	
<b>General Transmittal Form</b>			
Application No.	09/735,989	Attorney Docket	ARC2940R1
Filed (yyyy-mm-dd)	2000-12-13	Customer No.	30766
Applicant	Johan H. Geerke	Confirmation No.	5705
Examiner	James M. Spear	Art Unit	1615
Title	Dosage Forms Having a Barrier Layer to Laser Ablation		

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Preliminary <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52/1.53 <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Revive Abandoned Application <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Associate <input type="checkbox"/> Revocation & New <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Acknowledgement Postcard	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks:	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm/Individual	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>		
Date	10/26/2004		
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>	Date	10/26/2004

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Form PTO/SB/17  
(Modified)**Fee Transmittal P 2005**

Application No.	09/735,989	Attorney Docket	ARC2940R1
Filing Date	2000-12-13	Art Unit	1615
Applicant	Johan H. Geerke	Examiner	James M. Spear
Title	Dosage Forms Having a Superior Layer Laser Ablation		
<input type="checkbox"/> Applicant claims small entity status.		Total Amount of Payment \$ <b>180</b>	

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:Deposit Account Number: **50-3202**Deposit Account Name: **Dewipat Inc.**

The Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) authorized below ☐ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1) \$****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	_____ - 20** = _____ x _____ = 0		
Independent Claims	_____ - 3** = _____ x _____ =		
Multiple Dependent	_____ =		

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	18	2001	9	Claims in excess of 20
1002	88	2002	44	Independent claims in excess of 3
1003	300	2003	150	Multiple dependent claims, if not paid
1004	88	2004	44	**Reissue independent claims over original patent
1005	18	2005	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) \$**

\*\* or number previously paid, if greater; For reissues, see above.

**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or coversheet	
1053	130	2053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1530	2254	765	Extension for reply within fourth month	
1255	2080	2255	1040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1330	2453	665	Petition to revive - unintentional	
1501	1370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of prop.)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.29(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.29(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) \$** 180

Submitted By (Name)	Adenike A. Adewuya	PTO Registration No.	42,254	Telephone	281-477-3450
Signature	<i>Adenike Adewuya</i>	Date	10/26/2004		

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.